

**COMMONWEALTH OF KENTUCKY
CABINET FOR HUMAN RESOURCES**

Department for Community Based Services

ANNUAL STRENGTH/NEEDS ASSESSMENT FOR FOSTER FAMILIES

NAME _____

ADDRESS _____

COUNTY _____ TELEPHONE _____

DSS # _____ DATE OF IN-HOME CONSULTATION _____

I. INFORMATION (Completed by foster parent)

A. List all persons, including foster children, who are currently living in the home.

[illegible]

B. List all children placed in your home during the past 12 months.

[illegible]

C. Sleeping Accommodations

Bedroom	What Floor Is It On?	Who Sleeps There? How Many Beds In That Room? How Many Children In Each Bed?
1		
2		
3		
4		
5		

D. Check and explain any changes that have occurred since the last evaluation.

Household Composition

Finances

Health

Residence

Other

(Completed by foster parents)

II. NEEDS**A. Medical/ Dental and Optical**Give a brief description of how you met or aided in meeting these needs. _____

_____**B. Emotional/Psychological/Therapeutic**Tell how you help children with problems of separation and how you prepare children to leave. _____

_____If you have or have had a child in therapy, describe how you prepare children to leave. _____

_____**C. Educational**How have you worked with the school on behalf of the children? _____

_____**D. Dietary**

Give an example of a typical day's meals for the children placed with you.

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

E. DisciplinaryTell how you reward appropriate behavior. _____

_____Tell how you punish inappropriate behavior. _____

_____**F. Recreational**Please give examples of the recreation that the children placed with you have participated in this year. _____

_____**G. Agency Support**Please identify strengths and needs of your R & C worker and Family Services Worker. _____

(Completed by R & C)

III. FEEDBACK

A. Check the box if the statement is true of this Foster Home.

- ☐ Works with the birth family.
☐ Routinely transports foster children.
☐ Supervises visits with the birth parent(s).
☐ Communicates information promptly.
☐ Observes confidentiality.
☐ Participates in case conferences.
☐ Participates in state/local Foster Care Association
☐ Maintains life book.
☐ Seeks prior approval for expenditures.
☐ Co-Leads Foster Parent Training Groups

This foster home prepares children for:

- ☐ Return home
☐ Adoption
☐ Independent Living

B. Check the box if the foster parent feels that the statement is true of the Department.

- ☐ Provides adequate notice of training opportunities.
☐ The child's worker visits with the child monthly.
☐ Advises you of changes in the child's treatment plan.
☐ Provides policy interpretations clearly and promptly.
☐ Provides adequate notice of appointments or cancellations
- ☐ Provides board payments promptly
☐ Promptly returns phone calls
☐ Provides needed support
☐ Notifies you of changes in visitation schedules.

C. Discuss the strengths related to the 12 skills that this foster parent brings to foster care.

D. From the Department's perspective, discuss with the family needs or concerns. List needs or concerns related to the 12 skills that have arisen during the past 12 months.

Needs or Concerns	Foster Parent's Perspective	
	Agree	Disagree

E. Describe actions that are planned, or have occurred, that address the problems or concerns listed above.

IV. REQUIREMENTS AND RECOMMENDATIONS

A. Training

(List all the training completed in the last year, or attach verification.)

B. Certification Requirements

(Check off the requirements that have been met. For all those which are not met, identify the plan to address them in the space provided below.)

☐ Personal Qualities/Relationships☐ Age☐ Economic Status☐ Home Environment☐ Training☐ Number of Children☐ Health Status☐ Employment and Child Care☐ Marriage and Family☐ Smoke Detectors

C. Children approved for the family. (Identify any changes if different from previous narrative or annual assessment. Explain changes, if any.)

D. Recommendation

☐ Continued Approval☐ Regular Foster Care☐ Special Needs☐ Relative Foster Home☐ Closure☐ Other (describe) _____☐ Medically Fragile☐ Family Treatment☐ Emergency Shelter

E. Worker Comments:

F. Family Comments:

SIGNATURES:

Foster or Adoptive Parent

Date

Foster or Adoptive Parent

Date

& C Worker

Date

R & C Supervisor

Date

District Manager/Designee (if applicable) Date